HIGH WEIGHT-FOR-LENGTH (115)

PARTICIPANT TYPE……INFANTS AND CHILDREN > 24 MONTHS OLD
HIGH RISK……NO

RISK DESCRIPTION:

≥ 97.7th percentile weight-for length based on the 2006 World Health Organization international growth standards

ASK ABOUT:

- Parent and caregiver knowledge and attitudes about development of good eating habits, satiety cues, and nutrition
- Possible contributors (e.g., nutritional, medical, developmental or social factors that may affect growth)
- Growth history and weight gain pattern
- Parent's perception of the child's weight status
- Primary care provider's recommendations and advice
- Family's readiness and interest in making behavior changes
- Behaviors that the parents identify as appropriate ones to target. Consider current behaviors that most contribute to energy imbalance, the family's cultural values and preferences, the family's schedule, and living circumstances

NUTRITION COUNSELING/EDUCATION TOPICS:

- Focus on behaviors with the goal of improving health.
- For infants, review relevant, age-appropriate feeding guidelines including:
  - Infants are born with a natural ability to regulate their own food intake based on hunger, appetite and satiety. Consistently trying to control an infant's food intake or timing of feedings may disrupt an infant's ability to control their own food intake. It can also lead to overfeeding or underfeeding.
  - Emphasize developmental cues for starting solid foods using a spoon (e.g., sits up with help, opens mouth for spoon, keeps most of cereal in mouth, pulls in lips as spoon is removed from mouth, turns head away when full).
  - Older infants (6 months and older) will gradually progress from semisolid foods to thicker and lumpier foods to soft pieces to finger-feeding table food.
  - Review the division of responsibility in feeding. Infants of caregivers who over manage feeding by restricting intake or encouraging excessive intake may develop negative or unpleasant associations with eating that may continue into later life.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- For children, encourage healthy eating patterns for the family that may help prevent excessive weight gain and also are unlikely to cause harm.
  - Limit consumption of sugar-sweetened beverages such as fruit drinks, fruit punch, sports drinks, and sodas.
  - Eat breakfast daily.
  - Encourage eating the recommended quantities of fruits and vegetables based on the child's age.
  - Prepare more meals at home rather than eating out at restaurants, especially fast food restaurants.
  - Limit portion sizes to age-appropriate servings.
  - Eat a diet rich in calcium. However, some children may need to reduce their milk intake to no more than 16 oz. per day. Low-fat milk (i.e., 1% or fat-free) is recommended for children 2 years and older.
  - Serve whole fruit and limit fruit juice intake (4 oz/day for 1-3 year olds).
  - Limit consumption of energy-dense foods.
  - Suggest weaning from the bottle if appropriate.
  - Offer nutritious snacks such as fruits and vegetables, low fat dairy foods, and whole grains.
  - Offer water to drink when thirsty between meals.
- For children, reinforce the principles of a healthy feeding relationship:
  - Encourage family meals at least 5 or 6 times per week.
  - Set regular meal and snack times. Discourage grazing or snacking throughout the day.
  - Remind parents that they are responsible for what kinds of foods are offered for meals and snacks at home.
  - Allow the child to self-regulate food intake.
  - Encourage parents to model healthy food choices.
- For infants and children, discuss the family's activity level and make appropriate suggestions for increasing activity:
  - Limit television and video time to no more than 2 hours per day.
  - Remove televisions and other screens from the child's primary sleeping area.
  - Aim for at least one hour of physical activity per day. Unstructured play is most appropriate for young children.

POSSIBLE REFERRALS:

- Refer to primary health care provider if weight and length rechecks confirm that weight-for-length percentiles continue to increase.
- Refer to primary health care provider or dietitian if additional support and structure appears to be needed for the family and child to achieve the nutrition and physical activity behaviors listed previously.